

EXHIBIT A

Wire/Funds Transfer Payment Order
Funds Transfer Agreement and Authorization

Crescent Bank
99136th Ave. N
MYRTLE BEACH, SC 29577

Dollar Amount of Wire: \$10000.00

Fee: \$ 22.00

☒ Domestic Wire

☐ International Wire

(Note: Transfers in the amount of \$3,000 or more may require additional recordkeeping.)

REQUESTER/ORIGINATOR DATA

Sender's Name: SOUTHERN SKY AIR & TOURS

Date: 12/22/11 Time: AM / PM

Address: 1800 OAK ST NORTH

Account Number to be Debited: 0159000512

MYRTLE BEACH, SC 29577

Account Type: CHECKING

Phone Number: 843-916-9700

Customer Callback:

☒ Yes ☐ No

Driver's License No., State, Issue Date, Expiration Date:

Contact Name (if different than sender): MARY AVANT-BALDWIN

MARY
11:25
af

INTERMEDIARY BANK DATA (if required)

ABA Routing Number

Phone Number

Bank Name:

Contact Name:

Bank Address:

BENEFICIARY BANK DATA

ABA Routing Number: 026009593

Phone Number:

Bank Name: BANK OF AMERICA

Contact Name: Debbie Doyle

Bank Address: 767 CAYUGA ST

Swift Code (if applicable):

LEWISTON, NY 14092

Bank Code (if applicable)

BENEFICIARY DATA

Beneficiary's Name: NIAGARA FALLS AVIATION

Account Number: 009389911830

Beneficiary's Address: 8900 PORTER ROAD, NIAGARA FALLS, NY 14304

Special Instructions: I

CUSTOMER APPROVAL

The undersigned originator requests payment to be made to the beneficiary or account number named above. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the bank is to exercise extraordinary care in processing this transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer. The undersigned originator also authorizes the bank to transfer funds as set forth in the instructions noted herein (including debiting originator's account if applicable), and agrees that such transfer of funds is subject to the bank's standard transfer agreement (see page two) and any applicable fees.

Customer's Signature: Hay P. Wilson

Date of Request: 12/22/11

BANK USE ONLY

Branch Representative's Name: N. B. J.

Branch Name & Number: NB 01, 1-13

Wire Date: 12/22/11

Date/Time: 12/22/11 12:22

☒ OFAC

☐ TMS

☐ CON

☐ ANL

Crescent Bank Wire/Funds Transfer Payment Order
Funds Transfer Agreement and Authorization
01/07/08

WIRE-TR-LAZ
FTAA-LAZ
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CERTIFIED TRUE COPY OF THE ORIGINAL
Emily Holly
Signature
6-13-12
Date

Crescent Bank
A Division of CresCom Bank
991 38th Ave N
Myrtle Beach, SC 29577

**Wire/Funds Transfer Payment Order
Funds Transfer Agreement and Authorization**

☒ Domestic Wire

☐ International Wire

Dollar Amount of Wire: \$25,000.00

Fee: \$

(Note: Transfers in the amount of \$3,000 or more may require additional recordkeeping.)

REQUESTER/ORIGINATOR DATA

Sender's Name: SOUTHERN SKY AIR & TOURS

Date: 01/13/12 Time: AM / PM

Address: 1800 OAK ST NORTH

Account Number to be Debited: 0159000512

MYRTLE BEACH, SC 29577

Account Type: CHECKING

Phone Number: 843-916-9700

Customer Callback:

☒ Yes

☐ No

Driver's License No., State, Issue Date, Expiration Date:

Contact Name (if different than sender): MARY AVANT-BALDWIN

INTERMEDIARY BANK DATA (if required)

ABA Routing Number:

Phone Number:

Bank Name:

Contact Name:

Bank Address:

BENEFICIARY BANK DATA

ABA Routing Number: 026009593

Phone Number:

Bank Name: BANK OF AMERICA

Contact Name: Debbie Doyle

Bank Address: 767 CAYUGA ST.

Swift Code (if applicable):

LEWISTON, NY 14092

Bank Code (if applicable):

BENEFICIARY DATA

Beneficiary's Name: NIAGARA FALLS AVIATION

Account Number: 009389911830

Beneficiary's Address: 9900 PORTER ROAD, NIAGARA FALLS, NY 14304

Special Instructions: I

CUSTOMER APPROVAL

The undersigned originator requests payment to be made to the beneficiary or account number named above. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the bank is to exercise extraordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer. The undersigned originator also authorizes the bank to transfer funds as set forth in the instructions noted herein (including debiting originator's account if applicable), and agrees that such transfer of funds is subject to the bank's standard transfer agreement (see page two) and any applicable fees.

Customer's Signature: Ray D. Colson

Date of Request: 01/13/12

BANK USE ONLY

Branch Representative's Name: 13

Branch Name & Number:

Wire Dept: Colson

Date/Time: 1-13-12 2:59

☐ OFAC

☐ TMS

☒ CON

☐ ANL

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01/07/08

MKS ✓

WIRE-TR-LAZ
FTAA-LAZ
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CERTIFIED TRUE COPY OF THE ORIGINAL

Emily H. Hall
Signature

6-13-12
Date

CHECK 15702 DATE: 02/03 AMOUNT \$15,000.00

[illegible]

ON

0040131 0053204079401590005131

\$515,000.00 check

check number is copy of this

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